

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10665081**

FILING DATE

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1	1	1				51
2	1	1	1			52
3	2		1			53
4	1		1			54
5	1		1			55
6	1		1			56
7	1		1			57
8	1		1			58
9	1		1			59
10	1		1			60
11	1		1			61
12	1		1			62
13	1		12			63
14	1		12			64
15	1		1			65
16	1		1			66
17	1		1			67
18	1		1			68
19	1		1			69
20	1		1			70
21	1		1			71
22	1		1			72
23	1		1			73
24	1		1			74
25	1		1			75
26	1		1			76
27	1		1			77
28	1		1			78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	1	1				TOTAL IND.
TOTAL DEP.	28	48				TOTAL DEP.
TOTAL CLAIMS	29	49				TOTAL CLAIMS